



## MAPLE GROVE FARMERS MARKET

### Office Use Only

Date rcvd \_\_\_\_\_

Electricity needed \_\_\_\_\_

## 2017 Maple Grove Farmers Market Vendor Application

Every Thursday, June 8 to October 19, 2017 3 to 7 p.m. (3 to 6 p.m. in October)

Market location: Maple Grove Community Center parking lot, 12951 Weaver Lake Rd, Maple Grove, MN 55369

**ADDRESS FOR CORRESPONDENCE: PO Box 1180, Maple Grove, MN 55311**

Phone: 763-494-5955 Fax: 763-494-6421 Email: farmersmarket@maplegrovmn.gov

**Fee is determined by space size requested and other factors. Fees should not be submitted with application, but will be due upon selection to participate in the market.**

**Only one applicant per household will be allowed. Any household applying under multiple names will not be considered.**

### PLEASE PRINT

Date of application: \_\_\_\_\_

Business/Farm name: \_\_\_\_\_

Name of primary seller: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address where crops are grown or items are produced: \_\_\_\_\_

**(This information MUST be provided and we reserve the right to inspect location at any time before or during the market season.)**

You are being asked to supply certain information about yourself that may be private information. The requested information may be used by the Farmers Market staff, Administration department, and other City employees as reasonably necessary. The purpose of this requested information is to compile a list to allow the City to contact you with information regarding your status as a vendor, market related updates/questions, weather related closures, etc. Failure to supply the requested data may result in the delay of the City supplying you with information.

Do you give permission to release your name, phone number, email and website to customers interested in contacting you for information and/or special orders? Yes \_\_\_\_\_ No \_\_\_\_\_

List additional sellers and indicate relationship to primary seller (spouse, child, parent, friend, employee, etc.)

Name of additional seller	Relationship to primary	Name of additional seller	Relationship to primary

**STALL FEES AND RELATED FEES**

Market stall rental options. Please review carefully and choose appropriate option(s) by checking box on left. If you wish to work out of your vehicle, it MUST fit within the space you purchase.

Check to select	STALL SIZE and DURATION	10' x10' canopies	Fee
	1 stall FULL SEASON 20 weeks (2 parking spaces, 18' wide)	1	\$275
	1.5 stalls FULL SEASON 20 weeks (3 parking spaces, 27' wide)	2	\$450
	2 stalls FULL SEASON 20 weeks (4 parking spaces, 39' side)	3	\$625
	1 stall HALF SEASON –up to 12 weeks (2 parking spaces, 18' wide) <i>Choose dates below</i>	1	\$200
	3-day trial run—any three market dates (2 parking spaces, 18' wide)	1	\$75
	Electricity <b>Amps used:</b> _____ (Vendors requiring electricity are required to use ours. generators allowed.)	n/a	\$30
	Banner opt-out: Vendors who do not plan to display a professional-quality banner showing their farm name, city, and state must pay an additional \$100.	n/a	\$100
	<b>TOTAL FEE</b>		\$

***NEW! Do not send payment at the time of application. Vendors who are selected to participate will receive an invoice. Payment will be due no later than April 15, 2017.***

**MARKET ATTENDANCE**

Please check **ALL** days you plan to attend the market. We understand plans may change, but you must contact us (763-494-5955) if your attendance will be different than the days listed here.

- |                                  |                                      |                                       |
|----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 08 | <input type="checkbox"/> July 27     | <input type="checkbox"/> September 14 |
| <input type="checkbox"/> June 15 | <input type="checkbox"/> August 3    | <input type="checkbox"/> September 21 |
| <input type="checkbox"/> June 22 | <input type="checkbox"/> August 10   | <input type="checkbox"/> September 28 |
| <input type="checkbox"/> June 29 | <input type="checkbox"/> August 17   | <input type="checkbox"/> October 5    |
| <input type="checkbox"/> July 6  | <input type="checkbox"/> August 24   | <input type="checkbox"/> October 12   |
| <input type="checkbox"/> July 13 | <input type="checkbox"/> August 31   | <input type="checkbox"/> October 29   |
| <input type="checkbox"/> July 20 | <input type="checkbox"/> September 7 |                                       |

**ITEMS TO BE SOLD**

Please list all items you intend to sell on the Product Inventory Page attached to this application.

**We require a detailed list of the items you plan to offer at our market.** For example, if you plan to sell "canned goods," you must list the specific names of each canned item. This helps us to avoid product overlap and competition. Please note that approval of your application could be delayed if you fail to provide a detailed list of items. **Items not listed on the Product Inventory may not be sold.**

**CANNED/PROCESSED/BAKED FOOD ITEMS (Choose one)**

- ☐ I intend to sell canned, processed, or baked items which I make in a licensed and inspected commercial kitchen.

Name and address of the commercial kitchen: \_\_\_\_\_

*You must provide a copy of your MN Dept. of Ag Retail Mobile Food Handler and/or other applicable license with this application.*

- ☐ I intend to sell canned, processed or baked food items prepared *in my home*.

*You must provide a copy of your Cottage Foods Producer Registration from the MN Dept. of Ag. with this application. Find information about this new process here: <http://www.mda.state.mn.us/cottagefood>*

**MEAT PRODUCTS**

- ☐ I intend to sell meat products.

Please provide name and address of meat processor:

\_\_\_\_\_

*If yes, you must provide a copy of your MN Dept. of Ag Retail Mobile Food Handler or other applicable license with this application.*

**INSURANCE**

Each vendor must carry General Liability/Product Insurance in the minimum amounts of:

- \$1,000,000 (1 million dollars) each occurrence AND
- \$1,000,000 (1 million dollars) aggregate of general liability insurance
- The City of Maple Grove **MUST BE LISTED** as an additional insured on your policy for the dates of the Maple Grove Farmers Market and shown on the Certificate of Insurance as such.

**Proof of vendor insurance may be submitted with application or no later than May 10, 2017.**

- ☐ I am a registered Farmers Market Nutrition Program vendor.

- ☐ I am a member of Minnesota Grown.

- ☐ My products are certified organic. A copy of your National Organic Standard certificate as provided by a USDA accredited agent must accompany this application.

Minnesota sales tax ID number (if applicable) \_\_\_\_\_

What food related licenses do you currently hold? **(INCLUDE COPIES WITH THIS APPLICATION.)**  
Skipping this step may delay approval of your application.

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**Additional licensing from the Hennepin County Environmental Health Department may be required to participate in the market. Please contact them at 612-543-5200 to ensure that you are fully licensed.**

**Please check:**

- ☐ I understand that I must be actively involved and invested in the planting, growing, harvesting, and/or processing of products I wish to sell at the market. Resale of agricultural and other products is prohibited unless I receive express permission in writing from market management.
- ☐ I have read and agree to abide by all City of Maple Grove Farmers Market guidelines and rules.
- ☐ I understand that, once I receive written confirmation of my acceptance, the season fee is non-refundable.
- ☐ I agree to accept Maple Grove Farmers Market tokens (debit/credit, promotional and if applicable, EBT tokens and PoP Club tokens) from customers for payment of goods purchased and understand that I will be reimbursed for market tokens submitted to Market staff. The EBT program requires a separate agreement between Market and Vendor, and only vendors who have this agreement will be reimbursed for EBT tokens. PoP Club tokens will only be reimbursed for vendors who sell fresh produce.
- ☐ I agree that the City of Maple Grove and the Maple Grove Parks and Recreation Board are not liable for any injury, illness, theft, loss, or damage of any kind to either the buyer or seller, or their property, arising out of or pertaining to preparation for, participation in, or use or consumption of products bought, sold, or provided at the Maple Grove Farmers Market; whether such injury, illness, theft, loss or damage occurred prior, during, or after the Maple Grove Farmers Market. By participating in the Market, seller further agrees to indemnify and hold the City of Maple Grove and the Maple Grove Parks and Recreation Board harmless for and against any claims for such injury, illness, theft, loss or damage.
- ☐ I understand that it is required that I carry my own general liability and product liability insurance. The City of Maple Grove must be listed as an additional insured on my policy.
- ☐ I understand that alcohol and drugs (unless used with prescription) are prohibited at the Market. Vendors must be drug-free and sober upon arriving at the Market. Violation of this policy is grounds for suspension from Market or immediate revocation of vendor access, in the sole discretion of Market staff.
- ☐ The City of Maple Grove takes pictures and videos of people participating in/attending the Maple Grove Farmers Market for use in marketing and promotional purposes. I grant permission to use the name, pictures, videos and quotes of my employees and me for this purpose.

**Completed applications from returning vendors received by March 3, 2017 will be considered first and notified of their status by March 17.** New vendor applications are considered for acceptance throughout the season.

**Submit your Application by mail or email to: Maple Grove Farmers Market, P.O. Box 1180, Maple Grove, MN 55311 or [farmersmarket@maplegrovern.gov](mailto:farmersmarket@maplegrovern.gov).** All materials may be submitted by either US Mail or email. Incomplete information or failure to include all forms could delay your acceptance. Late applications could result in placement on the waiting list.

**Signature of primary seller:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Call 763-494-5955 or email [farmersmarket@maplegrovern.gov](mailto:farmersmarket@maplegrovern.gov) with questions.

**PRODUCT INVENTORY FORM** Vendor Name \_\_\_\_\_

**REVIEW THIS LIST BEFORE COMPLETING THE FORM.**

PLACE A CHECK TO THE LEFT OF ALL ITEMS WHICH YOU HOPE TO SELL AT MAPLE GROVE FARMERS MARKET IN 2016.

Our Market places a strong emphasis on vendor grown/-raised/-made items. A very limited number of non-farmstead/non-vendor-made consumable items may be approved for sale at the discretion of market staff.

Please note that market guidelines do not allow for the sale of arts or crafted items.

**FRUITS, VEGETABLES, HERBS AND ORNAMENTALS:** For items with an (\*), please provide a detailed listing below or attach a separate sheet

___ apples*	___ cucumbers	___ mushrooms	___ radishes
___ Asian vegetables*	___ eggplants	___ okra	___ rhubarb
___ beans, fresh	___ fennel	___ onions	___ rutabagas
___ beans, dried	___ garlic	___ parsnips	___ spinach
___ beets	___ grapes	___ pears	___ squash (summer)*
___ berries*	___ greens	___ peas (shell)	___ squash (winter)*
___ broccoli	___ gourds	___ peas (pod)	___ sweet corn
___ Brussels sprouts	___ herbs (fresh)*	___ peppers*	___ Swiss chard
___ cabbage	___ kale	___ plums	___ tomatillos
___ carrots	___ leeks	___ popcorn/ornamental corn	___ tomatoes*
___ cauliflower	___ lettuce	___ potatoes	___ turnips
___ celery	___ melons*	___ pumpkins*	___ other* (list below)

Please provide a detailed listing of items marked with (\*) as well as any items not listed above.

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**MEAT/POULTRY**

___ beef	___ chicken	___ goose	___ lamb	___ turkey
___ bison	___ pork	___ goat	___ duck	___ fish

Other/Detailed listing of cuts or processed meats:

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**PLANTS/FLORALS:**

___ annual bedding plants	___ cut flowers/arrangements	___ hanging baskets
___ perennials	___ potted plants	___ trees/shrubs/vines

Other/Detailed listing:

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**PRODUCT INVENTORY FORM PAGE TWO**    Vendor name: \_\_\_\_\_

**BAKED GOODS:** For items with an (\*) please provide a detailed listing in “other” section.

____ breads (yeast)*	____ coffee cake	____ fruit pies*	____ scones
____ breads (quick)*	____ cupcakes*	____ muffins*	____ sweet rolls
____ cookies*	____ candy*	____ Other (list below)	

Other/Detailed listing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FARMSTEAD PRODUCTS:** For items with (\*) please provide detailed listing in “other” section.

____ eggs	____ honey	____ maple syrup	____ soap/lotion (product of farm)	____ cheese*	____ fiber	____ nuts
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Other/Detailed listing: \_\_\_\_\_

\_\_\_\_\_

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**PROCESSED FOODS/VALUE-ADDED PRODUCTS:** For items with (\*) please provide detailed listing in “other” section.

____ cheese* (not product of the farm)	____ relishes*	____ sauces*	____ wild rice
____ dried herbs/spices*	____ pickled foods*	____ tea*	____ mustard*
____ jams, jellies, fruit syrups*	____ oil*	____ canned veggies*	____ other
____ juice or cider*	____ salsa*	____ vinegars*	

Other/Detailed listing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NON-FARMSTEAD CONSUMABLE ITEMS**

\_\_\_\_ Soaps and Lotions (list below)      \_\_\_\_ Other (list below)

\_\_\_\_\_

\_\_\_\_\_

**READY-TO-EAT ITEMS:** Please attach a detailed menu or list items below:

\_\_\_\_\_

\_\_\_\_\_

**BRANDED ITEMS:** Vendors may sell one or two items displaying their farm or business brand (for example, cookbooks, t-shirts, or caps) List specific items here: \_\_\_\_\_

